MULTINGE DEPENDENT CLAIM SERIAL NO FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER **AS FILED** AFTER AFTER I AMENDMENT AS FILED 1 AMENDMENT AFTER IND. I AMENDMENT 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>56</u> 5 TOTAL IND A T TOTALIXO \$ TOTAL DEP **(**= **∳**¤ TOTAL CLAIMS